

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK  
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. <b>318</b>		Primary Registration District No. <b>1003</b>		Registrar's No. <b>5831</b>		STATE FILE NUMBER <b>=63-021851</b>	
<b>FILED JUN 7 1963</b>							
1. PLACE OF DEATH a. COUNTY <b>MISSOURI</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>ST LOUIS</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST LOUIS</b>				Length of stay in 1b		c. CITY OR TOWN <b>ST LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DEPAUL HOSPITAL</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>4846 MARGARETTA AVE</b>	
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>F.</b> Last <b>LAMY</b>				4. DATE OF DEATH Month <b>JUNE</b> Day <b>1</b> Year <b>1963</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3/20/1889</b>	
9. AGE (last birthday) <b>74</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED CLERK</b>		11. BIRTHPLACE (City and state or country) <b>ST LOUIS MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>PROSPER LOUIS LAMY</b>				13b. MOTHER'S MAIDEN NAME <b>GEORGINA STACK</b>		14. NAME OF HUSBAND OR WIFE <b>CHARLES LAMY 9530 LADUE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>CHARLES LAMY 9530 LADUE</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cor Pulmonale</b> <b>Obstructive Emphysema</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>527.1</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>ASHD</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>8:00 PM</b> Month, Day, Year <b>May 10, 1963</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>ST LOUIS MISSOURI</b>	
21. I attended the deceased from <b>May 10, 1963</b> to <b>June 1, 1963</b> Death occurred at <b>8:00 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.				22. SIGNATURE <b>Richard A. Anderson</b> (Degree or title) 22b. ADDRESS <b>DePaul Hospital</b> 22c. DATE SIGNED <b>6/3/63</b>		23. LOCATION (City, town, or county) <b>ST LOUIS MISSOURI</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>6/4/63</b>		23c. NAME OF CEMETERY OR CREMATOR <b>CALVARY CEMETERY</b>		23d. LOCATION (City, town, or county) <b>ST LOUIS MISSOURI</b>	
24. FUNERAL DIRECTOR <b>STROOT - CARROLL</b>		ADDRESS <b>4600 NATURAL BRIDGE</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 3 1963</b>		26. REGISTRAR'S SIGNATURE <b>Carol Smith M.D.</b>	

Dr Cackum  
Readers  
5-30 7-8844  
10 30 + 11  
Defaul. Hook

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed M W Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.